Bölüm 7

AKUT ROMATİZMAL ATEŞ VE ROMATİZMAL KALP RAHATSIZLIĞININ ÇOCUK DİŞ HEKİMLİĞİNDEKİ YERİ

Aslı SOĞUKPINAR ÖNSÜREN[1]
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GİRİŞ

Akut romatizmal ateş (ARA), A grubu Beta hemolitik streptokok (GAS) enfeksiyonuna karşı gelişen otoimmün bir yanıttır.[1,2,3] GAS; farenjit ve impetigo gibi yüzeyel enfeksiyonlardan, nekrotizan fasilit ve streptokokal toksik şok sendromu gibi invaziv enfeksiyonlara kadar geniş hastalıklara yol açabilir.[1,4] Bu durumun daha çok farenjitten kaynaklandığı düşünülür.[1,2,3] Kalp, deri, beyin ve eklem iltihabı ile de ilişkilendirilir.[5] En sık görülen klinik rahatsızlıklar (kalpte tutulum olabilir veya olmayabilir) poliatrit ve ateştir. Sydenham koresi, genellikle Aborjin nüfusunda görülür ve vakaların yaklaşık ¼'ünü oluşturur.[6] Akut hastalık; artritten kaynaklı ağrı, kalp yetmezliği ile ilişkili nefes alamama ve ödem, yüksek ateş ve günlük yaşamı kısıtlayan koreiform hareketlere yol açabilir. ARA, teşhisi ve tedavisi zordur ve 2-3 hafta uzman tedavi yaklaşımı gerekir. ARA'nın klinik özelliklerinin çoğu hastanede kalış süresinde düzeltilir; bununla birlikte kardiyak hasar devam edebilir.[7]

ARA vakalarının tahminen %60' ında kronik romatizmal kalp hastalığı (RKD) görülebilir.[4] Ciddi geçirilen bir atak veya tekrarlayan ARA atakları RKD' ye yol açabilir.[5] RKD, romatizmal ateş ve kronik romatizmal kalp rahatsızlığının en ciddi komplikasyonudur.[8] ARA'dan kaynaklı otoimmün mekanizma kendi antijenleri ile reaksiyona giren antikorların ve T hücrelerinin üretimini içerir. Yapılan araştırmalarda ölümü takiben ARA hastalarının miyokard ve kalp kapaklarında antikor biriktiği[9], interstisyel immün nodüller (Aschoff cisimcikleri)[10], CD4+ ve CD8+ T hücrelerinin romatizmal kalp kapağı endotelyumuna bağlandığı saptanmıştır.[11]

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